

**How to Become a Participating
Employer Under the
Wisconsin Public Employers'
Group Health Insurance Program**



**Wisconsin Department of Employee Trust Funds
P.O. Box 7931
Madison, WI 53707-7931**

GROUP HEALTH INSURANCE PROGRAM

GENERAL INFORMATION

The Wisconsin Public Employers' (WPE) Group Health Insurance Program offers employees of participating local government employers the opportunity to choose between two or more health insurance plans.

The group health insurance program became available to state employees in 1960 and to local government employees in 1987.

HEALTH INSURANCE PLANS

The WPE Group Health Insurance Program provides two types of coverage: Standard Plan coverage or coverage through various alternate plans (i.e., health maintenance organizations (HMOs) and preferred provider plans). Refer to the *It's Your Choice* brochure (ET-2128) and applicable addendums for detail on the individual plans.

STANDARD PLANS-- The self-insured Standard Plans (fee for service indemnity) provide hospital, medical/surgical, and major medical benefits for covered services from any qualified health-care provider. Employers can choose the **Classic Standard Plan** or the **Standard Preferred Provider Plan (PPP)**. The PPP option, available at a lower premium rate, allows participants to see any provider of their choice, but with differences in reimbursement depending on whether participants go to an in-network or an out-of-network provider.

ALTERNATE HEALTH CARE PLANS—Depending upon the geographic location, an employee may choose from a variety of HMOs. An HMO can be selected based on cost, quality of service, and access to specific physicians or other health care providers.

All employees enrolled in HMOs have the same levels of coverage, called Uniform Benefits, with the exception of dental coverage, which may be offered at the discretion of the plan.

HMOs provide comprehensive benefits at a lower cost than the Standard Plans in exchange for some health care provider limitations.

EMPLOYEE ELIGIBILITY

All employees, including part-time employees, participating in the Wisconsin Retirement System (WRS) are eligible for group health insurance coverage if the employer elects to participate in this program. All employees eligible for group health insurance **must** be offered it.

The only exceptions to this are employees in bargaining units for which the employer has made a written request for temporary waiver of the minimum participation requirement, or employees covered under a second insurer in accordance with provisions set forth on page 5. The existence of language within an employer's personnel rules excluding part-time employees from receiving benefits offered by the Department of Employee Trust Funds (ETF) does not constitute an allowable exception. If you have questions whether an employee or group of employees are eligible for health insurance coverage, contact the Division of Trust Finance and Employer Services by calling (608) 267-2198.

Employers **may not** provide payments to employees in lieu of coverage under this health insurance program.

Employers may decide whether married employees may each select single or family coverage or if they are eligible only for family coverage through one of the spouses.

RETIRED EMPLOYEE ELIGIBILITY

Certain retired employees are eligible for this health insurance program. These include:

1. Any retired employee who is receiving a WRS annuity (including a lump sum or disability annuity) as the employer's retiree and who is a participant in the employer's previous group health plan.
2. Any retired employee who is a part of the employer's group health plan as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except that the term of the coverage shall not exceed the length of time that the continuant was eligible under the employer's previous plan.
3. Any insured employee who terminates employment after age 55 (50 for protectives), who has attained 20 years of creditable WRS service, and who is eligible for an immediate annuity but defers application.

No employer contribution is required for retirees. Premiums are billed to retirees through ETF and are not the responsibility of individual employers. Employers **may** choose to contribute toward retiree's premium (employer paid annuitant). Employers participating in the program are responsible for notifying retired employees of the type and availability of coverage.

Retired employees not insured under their employer's current group health plan at the time of the group's initial enrollment in this program are not eligible to enroll.

Retired employees may remain covered as long as their former employer participates in the program. In addition, any retired or covered dependent who is eligible for Medicare must enroll when first eligible and must notify ETF.

COVERAGE FOR SURVIVING SPOUSE AND DEPENDENTS

The option to continue coverage at group rates indefinitely is available to the surviving spouse of an insured employee or retired employee. Dependent children may continue coverage until such time as they would normally cease to be eligible.

MEDICARE COORDINATION

Since participating health plans have coverage options which are coordinated with Medicare, you will remain covered by the plan you selected after you are enrolled in Medicare. (However, if you are enrolled in the State Maintenance Plan, coverage will be changed to the Standard Plan Option selected by the employer.) Your health coverage will remain substantially the same as before

Medicare coverage became effective, but the health plans are designed to supplement, not duplicate, the benefits you receive under Medicare. Because of this coordination with Medicare, your monthly premiums for health insurance will be less.

EMPLOYEE AND EMPLOYER COST

The employer contribution toward the premium for any eligible employee will be between 50% and 105% of the least costly qualified health insurance plan within the service area of the employer (but will not exceed the total premium for the selected plan). This dollar amount remains unchanged regardless of the plan chosen by the employee. However, the employer contribution may be reduced to a minimum of 25% for employees who work less than half-time.

If the employer adopts a tiered plan based on the Group Insurance Board's tiers, and provides that the employee portion of the monthly premium will increase for plans in higher tiers by at least \$20 for single coverage and \$50 for family coverage for each successively higher tier, then the employer will not be limited to the maximum contributions of 105% of the premium for the lowest cost plan.

A health plan must have providers in the geographic area serving the majority of the employees in order to be considered in the employer contribution formula, however, this does not limit the employee's choice of plans. Employees may select any plan offered by this program, as long as they are willing to receive health care from its respective providers.

Refer to the *It's Your Choice* brochure (ET-2128), for premium rates for the health insurance plans. Premiums change annually on January 1.

Employer contributions must begin no later than the first of the month following the employee's completion of six months participation in the WRS with the present employer, or at an earlier date if mutually agreed upon by the employer and employee.

INITIAL ENROLLMENT

At the time of initial enrollment, employees may select any of the plans offered by this group health insurance program. No evidence of insurability is required nor are there limitations on coverage of pre-existing conditions for eligible employees, except in the following situations:

- The employer did not provide health insurance coverage to its employees prior to joining this program; or
- The employee is not insured under the employer's prior health insurance program at the time the resolution to participate is filed and wishes to enroll for coverage under this program; or
- The employee is insured for single coverage and wishes to enroll for family coverage.

In these three situations, the employee and his or her dependents are limited to the Employer selected Standard Plan with a six-month waiting period for coverage of pre-existing conditions and hospitalization charges (if the employee had single coverage and wishes to enroll for family coverage, only the dependents will be subject to the pre-existing condition waiting period). Any subsequent dependents will be added without being subject to the waiting period. The employee may select a different health plan during the next Dual-Choice Enrollment period that occurs after his or her effective date of coverage.

Retirees otherwise eligible may enroll under this program only if they are insured under the employer's prior group plan at the time of the initial enrollment.

Any person who is a part of the employer's group as a result of state or federal (COBRA) continuation is eligible to enroll in any plan without restriction, except the term of coverage shall not exceed the length of time for which the continuant was eligible under the employer's previous plan.

DUAL-CHOICE ENROLLMENT

Dual-Choice Enrollment represents an opportunity for currently insured employees to change their insurance plans. This option is available only once during each year (usually in October), with the change in coverage effective January 1 of the following year. During this enrollment period, insured employees may switch to any plan offered by this program or switch from single to family coverage without incurring waiting periods or submitting evidence of insurability.

LATE ENROLLMENT

Employees choosing not to enroll when initially eligible, are limited to the employer selected Standard Plan coverage and subject to a 180-day waiting period for all pre-existing conditions and hospitalization charges. Once insured, the employee may change to any other health plan during the Dual-Choice Enrollment.

OTHER ENROLLMENT OPPORTUNITIES

Refer to the *It's Your Choice* booklet (ET-2128) question and answer section.

ENROLLMENT PERIODS FOR NEW EMPLOYEES

After an employer initially joins this program, any newly hired employee for whom the employer reports WRS contributions may enroll within 30 days of the date of hire or prior to the date the employer contributes to the premium, but no later than the first of the seventh month for which WRS contributions have been reported.

Coverage will be effective on the first of the month following the employer's receipt of the completed application.

Depending on employees' personal needs, they may enroll for single or family coverage. If an employee selects family coverage, eligible dependents include the employee's spouse and unmarried children. Children include adopted children, legal wards, and stepchildren, who depend on the employee or other parent for at least 50% of their support. Coverage for children ceases upon marriage, or at the end of the year in which the child turns age 19 (or 25 for full-time students), unless the child is disabled. See the *It's Your Choice* booklet (ET-2128) for the complete definition of dependent.

CONTINUATION (COBRA)

The option to continue group health insurance coverage as permitted by state or federal law for 36 months at group rates is available to:

1. Employees (and covered dependents) who cease to be eligible for group coverage because of termination of employment or transfer into non-eligible employment.
2. The spouse of an insured employee who loses coverage due to divorce.
3. Dependent children who lose dependent status.
4. Dependents who lose coverage due to the employee's death.

CONVERSION

The opportunity to convert to non-group health insurance coverage at non-group rates is available to any person eligible for continuation of coverage, and any person who has exhausted their 36 months of continuation of coverage. Conversion does not apply to employees eligible to continue coverage during retirement. Conversion is available from all plans provided the participant's group coverage has been in effect for at least three months prior to termination. The conversion contract (not group continuation) available at that time will be subject to the rates and regulations then in effect.

RETAINING A SECOND GROUP HEALTH INSURANCE PLAN

Employers wishing to join the WPE Group Health Insurance Program while retaining a separate group health plan outside this program for one or more of its bargaining units may do so only under the following provisions:

1. Overall Participation. It must be demonstrated to the satisfaction of the Group Insurance Board that excluding such a sub-group will not be detrimental to this program. Regardless, the minimum participation level must be met, which is based on the number of all eligible employees (i.e., all WRS participating employees) of this employer that participate in the WPE Group Health.
2. Standard Plan vs. HMOs. If less than 50% of the employees enrolling in this program elect the Standard Plan coverage, after the first year the Plan Stabilization Contribution (PSC) may be increased by up to \$2 per month for each year that the average age of the employer group exceeds the average age of all other Standard Plan participants in this group health insurance program. The maximum increase in the PSC would be \$10 per month.
3. Contract. Such a new employer must agree to participate in this group health insurance program for a minimum of three years.

HOW TO JOIN

An employer may enroll its participants in the Traditional Option or the Deductible Option. An employer may not split its group between the two options. The employer must then select a "Standard Plan Option" to go with their selected "Plan Option" (see addendums in *It's Your Choice*,

ET-2128).

Traditional Option offers coverage outlined in the *It's Your Choice* booklet. Employer premiums are structured with the 50% to 105% schedule or the Tier premium structure.

Deductible Option offers an employee deductible for single or family coverage at a lower premium. (Note: the deductible does not apply to pharmacy benefits.) When the deductible has been met, coverage is similar to the Traditional Option.

Large employers, (over 50 WRS participants) must achieve a 65% participation rate of all eligible employees. Eligible employees are all employees participating in the WRS.

Employers joining this program with 100 or more WRS active employees, are underwritten. A per contract per month surcharge as determined by the Group Insurance Board's actuary will be applied when the risk is determined to be detrimental to the existing pool. (A blank checklist with additional information is included on page 17.

Small employers (50 or less WRS participants) must meet the following enrollment levels. The program has adopted the minimum participation standards outlined in INS 8.46 (2) WI Admin. Code. If an employee declines the initial coverage and indicates one of the following reasons, that person is considered a "waive" and is deducted from the group of "Eligible Employees":

- Covered by a plan not sponsored by the employer
- Enrolled in a similar plan sponsored by the employer
- Annualized medical premium contribution exceeds 10% of their annualized gross earnings

Note: Employees who decline initial coverage for any other reason remain in the count of "Eligible Employees".

The OCI Rule mandates the following after removing "waives" from the Group Size Count:

<u>Group Size</u>	<u>Minimum Enrollment</u>
2-4	2
5-6	3
7	4
8-9	5
10	6
11-50	70%

NOTE: An employer may **ONLY** deduct the allowable "**waives**" from the overall group when the initial group size of employees that participate in the WRS is 50 or less.

Public employers included under the WRS are eligible to cover their employees under this group health insurance program. Sample and blank resolution forms are included for your convenience. Be sure to include the total number of eligible employees on the resolution.

Action to adopt a resolution must be taken by one of the following governing bodies:

<u>Public Employer</u>	<u>Corresponding Governing Body</u>
County	County Board
City	Common Council
Village	Village Board
School District	School Board
Other Political Subdivision	Governing Body

Coverage will be effective on the first day of the month following 90 days after the Department receives the resolution, unless a later month is specified.

Mail resolution to: Department of Employee Trust Funds
Division of Trust Finance & Employer Services
P.O. Box 7931
Madison WI 53707-7931

After the resolution is filed, there will be an enrollment period. During this period, the minimum participation level must be met, which is based on the number of eligible employees participating in the WRS that elect coverage under this health insurance program, or the resolution will be rejected. Applications filed during the initial enrollment period **must be received by the Department at least 30 days prior to the effective date of coverage or the group health insurance resolution will be null and void.**

If less than the minimum number of the eligible employees enroll in this health insurance program, and if the failure to achieve the required participation is caused by the inability to coordinate the timing of the employers' collective bargaining agreements, the employer may request in writing a temporary waiver of the minimum participation requirement.

Please note that if you are requesting either a temporary waiver of the minimum participation requirement due to the timing of collective bargaining agreements, or you wish to retain a second group health plan separate from the plans offered by the WPE group, a special resolution is required. If you need to request a temporary waiver, use the resolution found on page 11. If you wish to retain a second group health plan for one or more of your bargaining units, use the resolution on page 13.

Employers may not apply for both a temporary waiver and retain a second group health plan at the same time.

TERMINATION OF PARTICIPATION

Participation in the group health insurance program is optional. Wisconsin statutes permit an employer to withdraw from the program at the end of any calendar year, if a *Resolution to Withdraw from the WPE Group Health Insurance Program* (ET-1318) is received by ETF by the preceding October 1 and the employer has been participating for a full calendar year.

Following an employer's withdrawal from the program, any participant who was eligible for coverage as a result of the employer's previous participation will no longer be eligible for coverage. This

includes WRS annuitants (retirees) and any employee or dependent of an employee who is on continuation of coverage. Coverage for all participants will terminate on December 31 of that year.

Employers withdrawing from the group health insurance program cannot re-apply for participation within the program for three years.

Failure to execute the withdrawal resolution by October 1 will require ETF's approval of the withdrawal. In addition, ETF may impose enrollment restrictions on the employer appropriate to preserve the integrity of the program should the employer reapply for participation in the program after three years. Such restrictions may also be imposed if ETF terminates the employer's participation in the program because the employer fails to maintain the minimum participation level of eligible employees or otherwise violates the terms of the contract.

MORE INFORMATION

If you have any questions not covered in this booklet, you may obtain additional information by contacting:

Department of Employee Trust Funds
Division of Trust Finance & Employer Services
Group Health Insurance
P. O. Box 7931
Madison WI 53707-7931

Phone (608) 267-2198
FAX (608) 266-5801
TTY (608) 267-0676
Web site: etf.wi.gov

SAMPLE RESOLUTION

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE
WISCONSIN PUBLIC EMPLOYERS'
GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the School Board of the Southern Community School District of WI
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- ☐ Traditional HMO Option paired with the Classic Standard Plan
- ☐ Traditional HMO Option paired with the Standard PPP
- ☐ Deductible HMO Option paired with the Deductible Standard Plan
- ☒ Deductible HMO Option paired with the Deductible Standard PPP

The resolution shall be effective on the later of the 1st of the month on or after 90 days following its receipt in the Department of Employee Trust Funds, or

February 1, 2005

(specify a later effective date, 1st of month only)

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the 15th day of October, 2001 and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this 18th day of October, 2004.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Tom Brown Clerk
Employer Representative Title

Dodge County
Employer County

P. O. Box 5
Southern, WI 53710
Mailing Address

Number of eligible employees 10

7089-000
ETF Employer Identification Number

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS'
GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- ☐ Traditional HMO Option paired with the Classic Standard Plan
- ☐ Traditional HMO Option paired with the Standard PPP
- ☐ Deductible HMO Option paired with the Deductible Standard Plan
- ☐ Deductible HMO Option paired with the Deductible Standard PPP

The resolution shall be effective on the later of the 1st of the month on or after 90 days following its receipt in the Department of Employee Trust Funds, or

(specify a later effective date, 1st of month only)

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the ____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this ____ day of _____, year _____.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Employer Representative Title

Employer County

Mailing Address

Number of eligible employees ____

ETF Employer Identification Number

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM WITH A REQUEST FOR A TEMPORARY WAIVER OF THE MINIMUM PARTICIPATION REQUIREMENT

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- ☐ Traditional HMO Option paired with the Classic Standard Plan
- ☐ Traditional HMO Option paired with the Standard PPP
- ☐ Deductible HMO Option paired with the Deductible Standard Plan
- ☐ Deductible HMO Option paired with the Deductible Standard PPP

Be it further resolved that the _____
(Governing body)

requests a temporary waiver of the requirement to meet the minimum participation rate because of the timing of collective bargaining agreements. It is understood that when these agreements are finalized, the minimum participation requirement will be met.

The resolution shall be effective on the later of the 1st of the month on or after 90 days following its receipt in the Department of Employee Trust Funds, or

(specify a later effective date, 1st of month only)

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the _____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, year _____.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

Employer Representative Title

Employer County

Mailing Address

Number of eligible employees _____

ETF Employer Identification Number

Wisconsin Department of Employee Trust Funds

A RESOLUTION FOR INCLUSION UNDER THE WISCONSIN PUBLIC EMPLOYERS'
GROUP HEALTH INSURANCE PROGRAM WITH A REQUEST TO RETAIN A SECOND GROUP
HEALTH PLAN

RESOLVED, by the _____ of the _____
(Governing Body) (Employer Legal Name)

that pursuant to the provisions of Section 40.51 (7) of the Wisconsin Statutes hereby determines to offer the Group Health Insurance Program to eligible personnel through the program of the State of Wisconsin Group Insurance Board, and agrees to abide by the terms of the program as set forth in the contract between the Group Insurance Board and the participating health insurance providers.

All participants in the WPE Group Health Insurance Program will need to be enrolled in either the Traditional HMO Option or the Deductible HMO Option. An employer may not split its group between the two options.

We choose to participate in the: (check only one box)

- ☐ Traditional HMO Option paired with the Classic Standard Plan
☐ Traditional HMO Option paired with the Standard PPP
☐ Deductible HMO Option paired with the Deductible Standard Plan
☐ Deductible HMO Option paired with the Deductible Standard PPP

Be it further resolved that the _____
(Governing Body)

requests to retain a second group health plan, separate from the Wisconsin Public Employers' group, under the provisions outlined as follows:

1. Overall Participation. If a portion of the non-participating employees are covered by some other plan, it must be demonstrated to the satisfaction of the Board that excluding such sub-group will not result in adverse selection. Regardless, the minimum participation level must be met, which is based on the number of all eligible employees of this employer that participate in this local group health insurance program.
2. Standard Plan vs. HMOs. If less than 50% of the participating employees elect the Standard Plan coverage, after the first year in this program the Plan Stabilization Contribution (PSC) may be increased by up to \$2 for each year that the average age of the employer group exceeds the average age of all other Standard Plan participants in the Wisconsin Public Employers' Group Health Insurance Program. The maximum increase in the PSC would be \$10.
3. Contract. Such a new employer must agree to participate in this local group health insurance program for a minimum period of three years.

The resolution shall be effective on the later of the 1st of the month on or after 90 days following its receipt in the Department of Employee Trust Funds, or

_____.
(specify a later effective date, 1st of month only)

The proper officers are herewith authorized and directed to take all actions and make salary deductions for premiums and submit payments required by the State of Wisconsin Group Insurance Board to provide such Group Health Insurance.

CERTIFICATION

I hereby certify that the foregoing resolution is a true, correct and complete copy of the resolution duly and regularly passed by the above governing body on the _____ day of _____, year _____ and that said resolution has not been repealed or amended, and is now in full force and effect.

Dated this _____ day of _____, year _____.

Employer Representative Title

Employer County

Mailing Address

Number of eligible employees

ETF Employer Identification Number

**WISCONSIN PUBLIC EMPLOYERS
LARGE GROUP UNDERWRITING CHECKLIST/QUESTIONNAIRE**

All Information must be sent to Self-Insured Health Plan Manager at ETF
PO Box 7931, Madison, WI 53707-7931
801 W. Badger Rd., Madison, WI 53702
Fax (608) 267-0633

- ☐ Check made out to Blue Cross & Blue Shield of Wisconsin (BCBSWI) for cost of Underwriting for \$1,200.
- ☐ Check made out to Deloitte LLP for cost of Underwriting for \$1,200.
- ☐ Employer Questionnaire checklist from ET-1139 (this form).
- ☐ WRS Group Name: _____.
- ☐ Employer Identification Number (EIN) _____.
- ☐ Group Contact (name) _____.
- ☐ Group Contact phone/fax _____.
- ☐ Group Physical Address: _____.

_____.
- ☐ County Location of Employer: _____.
- ☐ Effective Date of Quote (Offered no sooner than 120 days from the renewal/effective date of the client: _____).
- ☐ Number of *all* employees on payroll including part time and seasonal *and all retirees* whether or not they meet WRS eligibility requirements: _____.
- ☐ Number of WRS eligible employees including part time and seasonal *and retirees*: _____.
- ☐ Attach census data for all eligible employees and retirees noting those employees who are in their probationary period, receiving Cobra benefits and Cobra end date, or waiving coverage under the current benefit plan. Census data should include:
 - ☐ The employee by name, employee number, or numeric assigned number
 - ☐ Date of birth or age
 - ☐ Sex
 - ☐ Current status of their insurance EE (single), EC (employee/child{ren}), ES (employee/spouse), F (family) preferable. At a minimum EE & F)
 - ☐ Zip code of the employee's address
- ☐ US Dept. of Labor- Standard Industrial Classification (SIC) code (for example: 9199: General Government, Not Elsewhere Classified): #_____.
- ☐ What is your anticipated employer contribution?: _____.
- ☐ What is your anticipated probationary period for health insurance eligibility? (For example, 1st of the month following 60 days): _____.
- ☐ Current insurance carrier and years enrolled with current carrier: _____
_____/_____.
- ☐ **For current self-funded groups and insured groups with experience data attach:**
 - ☐ Twenty-four months (12 months minimum) of claims data
 - ☐ Enrollment data (month by month summary of enrollment by single, limited family, family)
 - ☐ Benefit plans in force for each year of rate history
 - ☐ Employer contribution
 - ☐ **High cost claims data (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available) This information cannot include name, Social Security number, or any information that would identify the individual.**

OVER

- **For insured groups with carriers who do not provide experience data:**
 - 3 years of rate history, including renewal rates
 - Enrollment (summary of enrollment by single, limited family, and family) for each of 3 year rate history
 - Benefit plans in force for each year of rate history
 - High cost claim (over \$25,000) detail including dollar amount, diagnosis, current status (enrolled or cancelled) and prognosis (if available) *This information cannot include name, social security number, or any information that would identify the individual.*

